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APPLICANTS

Scott Forstall, Mountain View, CA;
 Greg Christie, San Jose, CA;
 Stephen O. Lemay, San Francisco, CA;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <u>WS</u> Initials: _____	STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 3
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ADDRESS
 00758
 FENWICK & WEST LLP
 SILICON VALLEY CENTER
 801 CALIFORNIA STREET
 MOUNTAIN VIEW, CA
 94041

TITLE
 Threaded presentation of electronic mail

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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